

ALFRETON

URBAN DISTRICT COUNCIL.

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Dr. EDWARD GAYLOR'S

**32nd ANNUAL REPORT**

As Medical Officer of Health,

From JANUARY 1st to DECEMBER 31st, 1904.

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TO WHICH IS ADDED

The Report of the Inspector  
of Nuisances.

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# To the ALFRETON URBAN DISTRICT COUNCIL.

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GENTLEMEN,

I now submit to you my **Thirty-second Annual Report**, dealing with the vital statistics of your district.

Although there has been during the year 1904 Epidemics of Scarlet Fever, Measles, and Whooping Cough, which must have caused a great deal of suffering and expense, I am glad to say that there has been a slight decrease in the death roll, and the total rate of mortality for the year is very favourable.

The above-mentioned diseases, to which may be added eight cases of Small Pox, have made the year, just passed, a period of constant visits and inspections for your Officers.

The mention of Small Pox just reminds me that it has been estimated that the tramps and vagrants of this country number about 30,000.

This small section of the public is continuously exercising the most baneful influences in times of epidemic.

Take Small Pox cases, of which disease they are the chief disseminators: Sanitary Authorities are given enormous trouble, and incur a large expenditure to compete with the disease fairly, and to protect the public from its ravages there is compulsory disinfection and detention, the closing of common lodging houses, and re-vaccination of all these tramps.

Is it not a wonder that the Government should allow these vagrants and tramps to wander about the country just as they like, carrying disease wherever they go of one kind or other, especially Small Pox, and yet they enforce re-vaccination in the Army and Navy, Post Office, and in the Civil Service generally.

Referring to the diseases which are notifiable, we have had a very large increase in the number this year.

I give the numbers, and for convenience of reference start with the year of the Census:—

1901	...	...	...	107
1902	...	...	...	45
1903	...	...	...	49
1904	...	...	...	181

Of these 181 Notifications, which were spread all over the District, we have no less than 126 Scarlet Fevers, as against 19 cases in 1902, and 11 cases in 1903.

The majority of these cases were at Alfreton 44, and Somercotes and Sleetmoor 32.

Tables III. at the end of this Report also show that the number of cases admitted to the Isolation Hospital were as follows:—

Scarlet Fever	...	...	81
Small Pox ...	...	...	8
Typhoid Fever	...	...	1
Total	...	...	90

This large number of 126 Scarlet Fever cases, and 81 of these admitted to Hospital, have given me the impression that part of the epidemic of Scarlet Fever in your District might be caused by the visiting of the patients at the Hospital.

I can't help thinking that the Visiting Rules at the Hospital require tightening.

The folks in the District have told me of two or three persons, and sometimes more, going to visit Scarlet Fever patients at the Hospital.

I've no doubt every precaution for safety is taken there when visitors go, but I can't divest myself of the idea that the space within those corrugated iron walls is very infective, in fact near the Hospital itself, probably of a concentrated character, if I may use the term.

I don't want to overlook or excuse the carelessness of some of the people in the district where the fever prevails.

I know it exists, and most likely the mild type of the Scarlet Fever has increased that sort of feeling.

Table IV. will show that notwithstanding we have had 126 Scarlet Fevers, there has been only One Death registered from the disease, and this was the case of malignant disease I reported to the Council about the end of the year.

The Measles Epidemic caused eight deaths; the eldest child, of the eight children, was only  $2\frac{1}{2}$  years of age, so that in this case it may be said to have been principally an infantile epidemic.

The five deaths from Whooping Cough were all those of children.

Six deaths were notified as from Diarrhœa, but on investigation I found that none were due to any insanitary condition. Debility from birth—no breast milk, but ordinary food—was the result of enquiries; one case 68 years, and another 80 years, no real cause could be discovered.

## Small Pox.

This disease, which has again made its appearance in this District, brings up afresh the problem—how to deal with the tramp or vagrant who is now admitted to be the prolific agent for the dissemination of this foul disease.

There is no need for Meetings and Conferences on this subject.

If the whole population was vaccinated and re-vaccinated, this filthy tramp and infected vagrant could wander about at their own sweet will, and would not, as he is now, be a perpetual danger to all those he comes in contact with, except those who have availed themselves of vaccination and re-vaccination.

The un-vaccinated have only themselves to blame if their contact with the vagrant class makes them victims to Small Pox.

It has been said "That the unvaccinated may be looked upon as susceptible material."

What we call "Isolation" in Small Pox is a thing unheard of in Germany, where vaccination and re-vaccination is compulsory.

Small Pox Hospitals are unknown, and the few cases that they have now and again are generally imported from Austria and Russia.

Their treatment of Small Pox cases is in an ordinary hospital pavilion, where fever cases and other medical and surgical diseases are also treated.

The other patients feel no danger, for with their various ailments they know they are protected by vaccination and re-vaccination. This is what Isolation for Small Pox means in Germany. No expensive Small Pox Hospitals with their annoyances and trouble are needed.

The deaths from Small Pox during 12 years in England, with a population of 32



millions, was six thousand seven hundred and seven. During the same 12 years in Germany, with a population of 56 millions, the number of deaths from Small Pox was six hundred and seven.

The abolition of vaccination would soon fill graveyards and hospitals, and we should soon be surrounded with hideous specimens of humanity, besides blindness and other terrible accompaniments of Small Pox.

With reference to the conscientious objector to vaccination, the Lord Chief Justice of England referred to the subject at the Assizes at Birmingham, in July, 1904. He said that no general objection to vaccination should come into consideration, either on the ground of interference with the liberty of the subject, or the question of parental control.

The only question which Magistrates have to do with, is, does the applicant conscientiously believe that vaccination will be prejudicial to the child in question.

As an instance of the protective influence of vaccination, Dr. Angus, of Newcastle-on-Tyne, writes as follows:—On the 9th of May, 1904, he vaccinated a child four months old, and seven days afterwards he visited the house to examine the baby's arm, and he found the child's mother in bed, with Small Pox, and the child was suckling at its mother's breast. The mother was removed to the Small Pox Hospital, and the child taken from its mother and weaned. He saw the child again in middle of July, and it was quite well, and not had any Small Pox.

There is more vaccination going on now than there was a few years ago, and I find that in my districts a case of Small Pox brings with it a demand for vaccination and re-vaccination.

I believe there are quite 80 per cent. of the children born in England now vaccinated.

But what we require is re-vaccination at adult age, we should then be in a fair way for stamping out Small Pox.

It is not too much to hope that the present objections to vaccination will pass away.

As it is, at this time, we shall be sure to have cases of Small Pox cropping up now and then, in the same way as other infectious diseases.

There has recently been an outbreak of Small Pox at an elementary school near Wakefield, at a place called Ossett.

Small Pox was introduced by a girl 11 years of age. The Schoolmaster noticed a rash on her face when she was at school in her class. She was removed to Hospital.

There were 169 children, and 92 of these scholars had been vaccinated, and 77 were unvaccinated.

Of the 92 vaccinated children only five had Small Pox.

Of the 77 unvaccinated, 37 took Small Pox.

At Davis' Lodging House three cases of Small Pox occurred.

I have always considered this Lodging House to be well conducted, and on my visits have found the premises very clean and orderly.

On this occasion a woman and her husband were the first to take the disease. They were employed as deputy keepers of this common lodging house.

They were removed to Hospital at once. Both had faint marks of their vaccination in childhood.

There were seven men lodgers slept in the house the night previous, and three of them worked at Alfreton, or in the neighbourhood.

Six of these men were re-vaccinated, and were paid for the time they were kept in strict quarantine.

One man, 49 years of age, who showed two vaccine marks very indistinct, refused re-vaccination, and in two or three days was taken to Hospital with Small Pox.

The lodging house was closed, and Davis was compensated.

At another lodging house, also in King Street, a man who had been working in the neighbourhood for about three months, and lodged here during that period, left Alfreton and went to Belper, where, in the Vagrant Ward, the next day after leaving Alfreton he was found to be suffering from Small Pox.

I saw the man, with the Doctor of the Workhouse at Belper.

The man was 37 years of age, and was taken to the Small Pox Hospital.

Eight men who were lodging at Allen's at the time were vaccinated and re-vaccinated, as were the lodging house keeper and his wife.

In this case also payment was made, and the men kept in strict quarantine.

Persons were appointed to buy food for the men in both lodging houses, the men of course paid for it out of their money allowance.

In the case of these inmates of common lodging houses, it is quite impossible to get them vaccinated or re-vaccinated without payment. They argue that they can't work with bad arms, and in that case would have nothing to live upon.

I have tried every known means of persuasion, but its all of no use. As we have no power to compel them to be vaccinated, or to interfere with them going elsewhere direct from a Small Pox lodging, I think the wisest plan is to pay them a sum of money to be vaccinated, and remain strictly away from other people till all danger of infection has gone.

In these cases the men also consented to remain in bed one whole day, so that their clothing could be taken to the Hospital and passed through the disinfecter before they were discharged.

The next cases of the disease were at the house of a respectable working man in Park Street, Alfreton.

His own history of the attack was that he called at an inn at Alfreton one day on his way from work, to have a glass of beer, and he saw in the same room a man with an eruption about his face, and he spoke to his wife about it on his return home, without thinking of Small Pox.

This man was an opponent of vaccination, and I hear that he disobeyed the Magistrates' order for the vaccination of his children, and suffered for it.

The house was one of a row of some dozen houses, having a back yard common to the whole of the houses.

Various nuisances were at once attended to.

This man was removed to the Small Pox Hospital, and before he went I tried to persuade him to have his wife and children vaccinated at once, but he blankly refused. His wife had been vaccinated in her childhood, and so had two boys, 12 and 11 years old respectively. Three other children had not been vaccinated, and all three took Small Pox one after the other, and were taken to the Small Pox Hospital whilst the father was also an inmate.

Their names were Arthur (9 years), Eva (5 years), and Kathleen (3 years).

Disinfection and every precaution was used in this case.

Here we have an instance of the efficacy of vaccination at our own doors. Even the wife who had been vaccinated 30 years ago, and showed four good vaccine marks on her arm, escaped Small Pox, although she would of course occupy same bed with her husband almost up to the time of his removal to hospital.

In addition to this, she would nurse the three children who had Small Pox up to the time of their removal to hospital. and one of these children had Small Pox almost fully developed when first medical attendance was sought.

Then there were the two boys—their vaccination in childhood protected them, though they were with the three Small Pox children, whom they nursed.

## Scarlet Fever.

This disease maintains its mild type and other characteristics.

Very many cases have no rash at all when notice is called to the case, and it is often the "peeling" stage before anybody has had any idea of the disease at all.

The "visible" evidences of the old-fashioned Scarlet Fever are almost entirely absent. What we used to call "Malignant" Scarlet Fever is scarcely ever seen now. High temperature, glandular swellings, and suppuration are hardly ever seen.

The severe sore throat and darkly coloured skin rash which existed for many days, is almost a thing of the past.

Of course I can't prophecy that these evil days are gone, never to return, and we may have one of these dreadful cases now and then.

I suppose we shall not be quite free from these various changes, and difficult diagnosis, till the real microbe which causes the disease has been discovered.

Very possible these different forms of Scarlet Fever may be due to the various kinds of microbes.

I am one of those persons who believe that sanitation has had more to do in changing the type of Scarlet Fever than have the Isolation Hospitals, which were built with a view to the eradication of the disease altogether.

Scarlet Fever is one of those diseases where the liability to its attack diminishes with every year of added life.

For instance, if you can keep a child away from its influence, say till five years of age or more, the child is less liable to infection every year of its life afterwards.

This liability to infection is diminished even if the child should be exposed.

In all infectious diseases you have the infective agency and the susceptible individual. The former wants destroying, and the latter strengthened.

There is great difficulty in diagnosing some of these Scarlet Fever cases. Often there is only the faintest rash, and it passes away very quickly, very often in one night, and the other symptoms are of so modified a character that it isn't always safe to say whether it be Scarlet Fever or not, especially when the throat is not complained of.

Many cases of the disease mix up with the family, upstairs and down, and when "peeling" is discovered, and the patient removed to hospital, it is quite impossible to properly disinfect, because every room in the house is really infected, and the usual washing and cleansing with a disinfectant and water is all that can be done.

The patient has really not been ill at all

A mild case of this disease was notified from Pye Bridge. A married woman had the disease. The drains were defective here, and the roof of the house was out of repair.

A child, 11 years of age, was removed to hospital from Somercotes, with a mild form of the disease. The premises were fairly satisfactory, except that the yard was very much out of repair.

Another case occurred at Cinder Hill. A young man had the disease in so mild a form that he was mixing up with the other residents of the household without keeping his bed. This was one of those cases where disinfection could not be done, because every room in the house was more or less infected, and the inmates could not be turned out of doors for a night.

Two cases were removed to hospital from Prospect Street, Alfreton, a male 16 years and a female four years respectively. The nuisance here was a heap of horse manure exposed to the action of all weathers.

A little girl, two years and a half old, had the disease at a house in Ironville. There were nine persons in this house, four of whom were lodging here until another



house could be obtained. The child was removed to the hospital, but no disinfection of the house could be done without turning everybody out.

At Riddings, a young gentleman who had travelled by train for three or four days at different places previously, developed Scarlet Fever a day or two after he arrived, so that it was clearly an imported case.

A young girl, 13 years of age, was removed to the hospital from Fletcher's Row. The drains were defective in this locality.

At Riddings, two cases occurred in one house. No history of the cases could be made out.

At Somercotes, two children aged six and five years respectively, were removed to hospital with Scarlet Fever. The floors in the house and kitchen were both in a very bad state.

At Riddings, a girl seven years of age was supposed to have measles, and went about as usual, also to school in about three weeks. The Schoolmistress noticed her skin peeling. A Doctor was called in, and pronounced it Scarlet Fever.

Two other cases at Riddings, aged 20 and 7 years respectively, went to hospital with a very mild form of the disease. There was no history, except they were said to have visited a certain house where Scarlet Fever existed.

At Ironville, two cases aged 12 and 3 years were sent to hospital. The drains and the closets in this case were both defective.

A boy, 10 years of age, was removed to the hospital from Prospect Street, Alfreton, with a mild type of the disease. Everything was satisfactory about the premises.

At Leabrooks, three mild cases occurred at the ages of 15, 10 and 3 years respectively. The yard here was in a bad condition, and the closet accommodation was not quite what it ought to be.

Two cases occurred at a house where a case of Diphtheria had occurred a short time before, and there was doubtless some connection between them. They were removed to Hospital.

At Ironville three cases occurred at one house. A boy, four years of age, was supposed to have Measles, and when his sister, three years old, began, the Doctor was called in, and pronounced them both Scarlet Fever, and in a few days the mother also took the disease. A girl, six years old, was taken to Hospital from Mansfield Road, where certain sanitary defects existed, and another case was removed to Hospital from Nottingham Road, a girl eight years old, and here the closet was in a dilapidated condition. A boy, six years of age, went to Hospital from John Street; he had been in the habit of playing with a boy who took the disease a few days before. The back yards here were very much out of repair, also the house floors and closets wanted attention.

Three cases occurred at a house in King Street, the mother and two children. Here again the yard at the back was very much out of repair.

At Riddings three cases were removed to Hospital; the disease was of so mild a type that the parents thought it measles till the Doctor was called in. The ages of the children were seven, four and two years respectively.

A case in Outram Street was that of a young woman whose father was the school cleaner, and it was thought advisable to get another person to perform the duties for a short time, so that there should be no danger to the school children, and it was also thought advisable to have the schools sprayed with a disinfectant.

A boy, six years old, had fever in a very mild form, and at the time of my visit he was playing in the house with another boy from another house in Mansfield Road, and this is one means of disseminating the disease. A young woman at Riddings was taken to Hospital from a house where there was a yard in common with other houses in the block, and this yard had the useless D traps for the drains, and the yard itself was



badly paved with common porous bricks, which would be saturated with house slops and other liquids.

A boy from Hall Street went to Hospital with Fever, but the place was in a fair sanitary condition.

From Alma Street a boy, four years old, went to Hospital. He attended the Infant School. My own opinion is that no child under five years of age ought to be admitted to school at all. There cannot be any advantage to the child, but in many cases it only means somebody else to have the care of children instead of being looked after and cared for at home.

Three cases were at a house in High Street, Riddings, and were taken to Hospital. A boy, nine years of age, had the Disease without anybody knowing, and went to school till another boy, three years of age, began to be ill; then the Doctor came, and said both of them had Scarlet Fever, when they were removed to Hospital. The baby, 15 months old, took the Disease. The house, &c., was satisfactory in a sanitary sense.

Four cases, aged 13, 10, 8 and 4 years, were taken to Hospital from a house in Alma Street. The end of this street has many houses close together on both sides, with yards in common, and quite an epidemic existed here for some weeks. Great alterations were required in drains, ashpits and closets. Many of these structures were not far off the back doors of the houses, and I found most of the inhabitants made these back rooms their living rooms, so there was every facility for house to house visiting, besides the general atmosphere round about being poisoned with all sorts of filthy emanations, which would make children highly susceptible to Infectious Diseases like Measles and Scarlet Fever; both these diseases assumed an epidemic form in this particular locality.

Three other children, aged 14, 10 and 7 years, went to Hospital from this street, and two of these boys were discharged from Hospital after having been there the usual period of six weeks.

They had been home about 10 days when their sister, 12 years of age, began to be ill, and she was removed to Hospital with Scarlet Fever. It appeared she slept in the same room when these lads returned home; but it appeared that all these patients came out of one bedroom, and Inspector Spencer had thoroughly disinfected the room three different times, so that it is most probable that these two boys from Hospital infected their sister.

This fact may appear strange to some people, but we doctors know that such cases do occur, and they are what we call "return cases." I should say every Infectious Hospital has these sort of cases, some more than others, and without blame attached to the management.

It is absolutely impossible for the Hospital Doctor to declare a patient perfectly free from infection when discharged from an Infectious Hospital. Scarlet Fever is a very subtle disease, and as yet we haven't discovered the true origin and cause of the disease. Of course in these days the patient wouldn't be discharged from Hospital till the "peeling stage" was completed, though I don't give so much importance to that as some people do, but till there are more doctors of my opinion about the Desquamative Stage of Scarlet Fever, I shall feel obliged to act upon the old lines, and look upon it as one source of its dissemination. The other symptoms which I believe most important are discharges from the ears, mouth and nostrils, these are intensely infective.

I have for a long time advocated the establishment of a Convalescent Home where Scarlet Fever patients from Hospitals can be sent for a certain time after they are supposed to be free from Disease, before they are sent to their homes.

I like to mention any case that is exceptional. In Alma Street a girl, 10 years of age, went to Hospital from premises that were satisfactory, but as I said before, this girl lived in and breathed a Scarlet Fever atmosphere in this locality.

At Catherine Street, another member of the family, seven years of age, was taken to Hospital with Fever, about three weeks after a brother had returned home from Hospital with the same disease.

A man, 23 years of age, was taken to Hospital with the disease, under the following circumstances. A few days previous a child slept with him and his wife, who was afterwards removed to Hospital with the disease, and there is no doubt this child had Scarlet Fever (unrecognised) at that time, hence this man became infected.

A child, two and a half years old, was taken to Hospital from Birks' Terrace, Somercotes. The property here was in a bad state, even the house floors.

Another child, two years old, went to Hospital from the same locality, with the same insanitary condition of things.

A young woman, 23 years of age, went to Hospital from Alma Street. There were 11 persons here occupying three bedrooms, five adults and six children. Four of these persons, two adults and two children, were ordered to find other lodgings.

The backyard here was sadly out of repair, and the ashpits were situate in front of the houses, with no doors to them, and they really were pits of a great depth. They held too much refuse, and were most difficult for the scavengers, and I dare say got passed over on that account.

A case at the Vicarage was isolated at home, and went on very well.

A boy, three years of age, living in Thompson's Yard, took Scarlet Fever, with the following history:—A boy, 12 years of age, had been in Hospital from July 1st to August 13th, and the next day after his return from Hospital, on the 14th of August, he was with this little boy, and on the 23rd of August the boy was poorly, on 24th the rash came out, on the 25th he was taken to Hospital, so that this is one of those cases where the history is clear and satisfactory.

At Coupland Place, Somercotes, a child, aged two years, was taken to Hospital with Scarlet Fever, and it appears the child had suffered from Diarrhœa four or five weeks previous to this attack of Fever, so it was in a weakly and unsatisfactory condition at time of removal to Hospital. The child died in Hospital in a few days from Pneumonia, and when this child was taken home for interment the inhabitants of the locality, with the friends and relatives, had the coffin opened in order to see how a poor child looked after being in Hospital, and dying there, from one of the complications of Scarlet Fever known as Pneumonia.

Just before this poor child was removed to Hospital an uncle of the child, 33 years of age, visited the child, and in a few days after (about a week) he was removed to Hospital with the same disease, Scarlet Fever.

At these premises the yard was very much out of repair, and the house roof was very faulty.

Three other cases of Fever were removed from a house at Somercotes Hill, aged 11, 8, and 4 years respectively.

The drains here for three houses had the useless D trap, and the closet was very insanitary, and no ashpits at all.

A young woman went to Hospital from the same locality. She was by occupation a letter carrier, so she would call at many houses where Scarlet Fever existed.

A young married woman was removed to Hospital under the following circumstances:—She was aunt to the child mentioned above who died in Hospital, and beside being one of the anxious spectators when the coffin lid was removed in order to look at the dead child, she attended the funeral, and was herself taken to Hospital a few days after.

A boy, four years of age, had a mild attack at Birchwood Lane. The closets and ashpits were very insanitary, and the drainage defective, and the yard was in bad condition.

A male, who was an assistant school teacher, had a mild attack of the disease at Somercotes. He was strictly isolated, and went on very well.

Two children, aged seven and three years respectively, had the disease in a mild form, and were strictly isolated where there was sufficient room. The premises were quite satisfactory.

A young man, 24 years of age, was taken to Hospital from South Street, Greenhill Lane. The premises were satisfactory.

A young woman, 24 years of age, was taken to Hospital from Meadow Lane, Alfreton. The premises were satisfactory.

A boy, seven years old, was removed to Hospital from Sleetmoor. The case was a mild one, but the mother and one daughter went out to household work in the neighbourhood, and it was thought advisable to remove him, and so not to interfere with the usual earnings of the family.

A boy, six years old, was taken to Hospital from Leabrooks. Milk was sold here, and though the milk didn't go into the house, and the dairy had a separate entrance distinct from the house, it was deemed advisable to remove him to Hospital. The drainage here was not quite satisfactory. The milk from three cows was regularly sold here. Every precaution was taken and instructions given, and of course disinfection after the boy's removal.

A girl, six years old, was isolated with the disease at home. It was the fourth case of Scarlet Fever at this house. I am afraid this particular case must be looked upon as a "hospital return case." The following is a short history:—Two of the other inmates of the house were discharged from Hospital, and came home as cured. In a few days this little girl, their sister, started with Scarlet Fever, and she had to remain at home at Somercotes because there was no vacant bed at the Hospital. I presume these two cases discharged from Hospital had been in that institution the recognised six weeks and discharged cured. I may say here, that no blame attaches to any person at the Hospital. These so-called "return cases" occur at all Infectious Diseases Hospitals, and I don't think any Doctor, however experienced he may be, can positively pronounce a Scarlet Fever patient absolutely free from infection. I am one of those who don't think the "peeling" stage so very important, though doctors don't discharge patients in the "peeling" stage.

There are discharges from the ears, nose, and mouth, all highly infectious, after all other visible symptoms are gone. In some cases Hospitals are centres of infection, and people who go within their boundaries can, and do disseminate infectious diseases.

At Greenhill Lane, a girl, eight years old, and a boy, three years of age, were removed to Hospital with Scarlet Fever. There were certain matters requiring attention here. There was no proper ashplace, and only one closet for both houses, with 10 inhabitants.

I always impress upon owners of property that every cottager should have their own private closet. Apart from the necessary privacy, it prevents many disputes. I have seen the greatest illfeeling engendered between next door neighbours (who should live in peace) by long and bitter arguments and denials as to which of the cottage inmates had created some nuisance in the closet, belonging to them jointly.

Again, this separate system has the effect of quietly and gradually educating the tenants to habits of cleanliness and decency.

A young girl, 10 years old, was taken to Hospital with Scarlet Fever from Riddings, who had been ill several weeks from Bronchitis, and somehow or other took the disease, but no history could be had.

A very serious and extraordinary case of malignant Scarlet Fever occurred at Leabrooks.

A young girl, 15 years of age, had been going daily to Nottingham by train as a milliner and dressmaker, and had been doing this for about three weeks. On her return one evening she seemed well as usual, but in a short time complained of being poorly, and became gradually worse, and after an illness of some 24 hours, died.



Her symptoms developed, were sudden and grave, and the disease must have been of a very malignant character.

The house and premises were thoroughly clean, orderly, and fairly satisfactory, and no Scarlet Fever was in the neighbourhood, and the disease must have been taken either in the train whilst travelling, or else at the place in Nottingham.

It is years since Scarlet Fever assumed such a serious form anywhere in the Alfreton District.

Two other cases of the disease occurred at Greenhill Lane, a son, nine years of age, and a daughter, 12 years.

There were four other children in the house, and both these fever cases were in the living room down stairs.

There were two bedrooms, but there were no fire grates in either room, and the weather at this time was much too severe for fever cases to be in a room with no fire. Both were removed to Hospital, and one or two insanitary conditions received attention.

Table III. appended to this Report will show that during the year 1904 there were 126 cases of Scarlet Fever notified, and out of this number 81 of these cases were admitted to the Isolation Hospital.

Out of these 126 Scarlet Fevers, 108 were under 15 years of age.

The above cases are only a few selected from the whole number, and I need not say that wherever any nuisances existed they were at once dealt with by Inspector Spencer.

## Diphtheria.

A man, 40 years of age, had a mild attack of this disease. There was nothing about the premises to throw any light upon the disease. It appeared he was a bailiff, and travelled about many parts of the district. He was isolated in one of the bedrooms, and went on very well.

A boy, four years of age, had a mild form of this disease at Swanwick. Nothing could account for it except that pigs were kept about 10 yards from the house.

A girl, nine years of age, was removed to hospital from Somercotes with this disease. A fortnight previously two other children in the same house went to Hospital with Scarlet Fever. The back yard, living room, and kitchen all wanted floors relaying.

At Nottingham Road, Somercotes, a child, 10 months old, was seized with an attack of Membranous Croup, and died in a few hours. I put the case here because I consider this affection very closely allied to Diphtheria. The sanitary conditions here were very bad as to ashpits and closets.

A boy, five years old, had Diphtheria at Birchwood, and was taken to Hospital. There were 10 houses in this block, and the closet accommodation was faulty, but no history could be obtained.

A boy, four years of age, had a very mild attack of the disease at Swanwick. He was playing in the road with other boys a couple of days after his attack.

As will be seen above, the only death from Diphtheria was that of an infant, who died in a few hours.

In 1903 we had four deaths from this very dreaded disease.

There are very many opinions about what causes this disease, although there is not much difference of opinion about schools being the great disseminator of Diphtheria.

The close contact of the children, the kissing of each other so frequently, sucking of the pencils of first one and then the other, besides licking the slates clean belonging to different children.

The true bacillus which causes the disease is found in the throat, and also in the nose.



Anti-toxin has a remarkable influence on this disease, and we can only hope it will get cheaper, so that the poor may have the benefit of it.

Sanitation does not at present seem to have much influence upon the disease as a preventative, but I am of opinion that bad drains, damp, sodden back yards, and absence of sunshine and pure air has something to do with it. All children with sore throats should be kept from school.

## Typhoid Fever.

The first case of this disease occurred at Ironville. A male, 19 years of age, was removed to the Hospital, and died there. He had been ill at intervals for about three months previously. There was nothing to complain of on the premises, except that Bell Traps were used for the drains, and complaints were made of bad smells from the street grids.

A married woman had this disease. The history of the case seemed to be that she had been spending her Christmas holidays at Eastwood and Kimberley. She began to be ill six or seven days after she returned home.

At the Brickyard, Alfreton, a woman, 78 years of age, had the disease. She had been ill some two or three weeks before, and it was thought she was breaking up from old age. The case was notified for removal to Hospital, and the ambulance came to the house where she was living for that purpose, but the Hospital Nurse found her too ill to be removed, and she died a couple of days afterwards.

A young girl came home to Riddings from domestic service, and eventually Typhoid Fever was diagnosed. No history could be obtained.

A young woman came home poorly from domestic service at an Inn near Nottingham, and the same day that she came home to Alfreton a Doctor was called in, and diagnosed Typhoid Fever. It appeared no doctor had seen her at the place she came from.

A young man living at Sleetmoor, who worked away from home at his trade as a plumber, had this disease, but no history could be gained, and the house he was at was a model of order and cleanliness, and so was the premises. I advised a pan closet as the next best improvement to the common privy.

A young woman had Typhoid Fever at Swanwick. There was no history of the disease, the premises were satisfactory. She was well nursed at home, and did very well.

A boy, two years of age, was attacked with the disease at Swanwick. The premises were satisfactory, and no probable history could be obtained. I took a sample of water, but it gave no evidence relating to the Fever. About 12 months ago the father had Typhoid Fever in the same house, and I had a drain altered on that occasion. Proper precautions were taken throughout the illness.

A man, over 40 years of age, was attacked with this disease. He resided in Charles Street, Leabrooks. The house he lived in was one of a block of houses of quite modern construction, and the premises were scrupulously clean, and everything in order. The only history obtainable was that he had noticed an awfully bad smell at a certain butcher's premises, and he said he had never felt well since, and that was a fortnight before he was taken ill.

At Swanwick, a boy, two and a half years old, had the disease in a mild form. The midden here was sunk about two feet below the level of the yard, and of course surface water gets in, and magnifies what is already a nuisance. If there was a more plentiful supply of water I should advise a water closet here.

Another case was that of a young man, over 20 years of age, living at Newlands Lane. The house was newly built and fairly satisfactory, but there is no public sewer in this locality, though there are several fairly good houses here, and it looks as though it would become a fairly populous district.

The drainage is at present in roughly constructed cesspools in the gardens attached to the houses. This is a fertile source of disease, and insanitary in every sense of the word. In this case I got no history at all, though I laid particular stress upon the dangers of shell fish, &c. The patient was nursed at home, and went on very well.

A very peculiar case occurred at Birchwood. A man, 40 years of age, came from Rugby to see some friends here at Christmas, accompanied by his wife. They came by way of Nottingham, and had to wait an hour or two for trains to Alfreton, and in that interval they had some refreshment. Nothing took place when he arrived at Birchwood on Saturday night, but on Sunday he felt poorly, stayed in the house, and called in a Doctor who diagnosed Typhoid Fever. The peculiarity of the case was that the man had kept at his work at Rugby, as an engineer, up to the very day he started for Birchwood, and the night previous to starting from home he had been about Rugby shopping and making preparation for his journey.

The case eventually did very well, though after the first few days he exhibited some bad symptoms.

In all these cases strict enquiry was made as to the eating of shell fish, but nothing could be made out to rely upon.

There are large quantities of mussels consumed in the district, some of them are bought ready cooked, and some when the fish are in the shells.

Typhoid Fever has hitherto been looked upon as a water-borne disease only, but in these days we know it can be caught in various other ways.

I am of opinion that the disease is infectious, and requires great care in the management of the excrement from the patient. It really should be burnt, and I hope some day some suitable machine for that purpose will be invented, and not costly.

It has been proved that the Typhoid germ has been found also in the urine, and even in the perspiration and sputa of the patient.

Professor Wright, of Netley Hospital, has introduced what may be termed anti-typhoid inoculation.

Up to now His Majesty's troops have in several instances voluntarily accepted inoculation before their departure for Indian service, and it has been proved to give a certain amount of protection, and at all events mitigates the severity of the attack.

## Puerperal Fever.

A young married woman died from this disease. She was attended by a Doctor during the whole of her illness. The floors and walls of the house were damp, and the rain spouting was bad.

Another case was that of a young married woman at Garrad Villas. She was attended by a medical man, as well as the midwife being present. The premises were satisfactory, and everything necessary was done in the case.

A young married woman had Puerperal Fever at Swanwick. It appeared she wasn't attended actually by either doctor or nurse at the moment of her confinement, and in a few days developed evidence of a septic condition.

## Measles.

Eight deaths were registered as from this disease. It is a peculiar disease, inasmuch that the child who has it may be actually infectious to other children before it is really known that the child in question has the disease.

This disease assumed an epidemic form during the last half year of the year 1904, especially in Alfreton, Somercotes, and Leabrooks.

I was often advised to close the schools in consequence, but I think to deprive

hundreds of others of the education they require is a very grave matter indeed, and though schools are the great centres of the disease, yet, by shutting them up, the results are not very marked, though I grant it is about the only effectual way to deal with Measles.

There were eight deaths caused by this disease and its complications.

## Whooping Cough.

This is a very troublesome disease, and seems to be quite independent of sanitation.

It appeared to be principally at Birchwood and Somercotes, but some cases were in other parts of the district.

In the two Parishes mentioned it was the cause of five deaths.

The sufferers from this disease are not allowed to attend school.

I have always had a strong objection to any child going to school till it was full five years old

It is these younger children who are most likely to introduce into the schools Scarlet Fever, Measles, and Whooping Cough.

These children are for the most part sent to school for other people to have the care of them a few hours a day.

Education forms no part of the object, and their young brains are better without what is called education.

## Cancer:

This is a disease, the cure or prevention of which at present baffles the scientific and medical world.

Dr. Snow, Surgeon to the Cancer Hospital, says that Cancer mortality is increasing in every part of the civilised world.

The Cancer death rate in 1864 was 385 per million persons living in England and Wales, and in 1891 the Cancer death rate was 691 per million among males, and 985 per million among females.

Heredity is not a true cause of Cancer. Every case had some definite excitant, whether there was a history of Cancer in the family or not.

The disease bears no relation to soil, climate or food.

In 1903 there were seven deaths from Cancer in the Alfreton district. In 1904 there were 10 deaths from that disease. I give them below as they occurred:—

Somercotes	Male	59 years	Cancer of Rectum
Swanwick	Female	47 "	" " Uterus
Ironville	Male	58 "	" " Stomach
Somercotes	Female	43 "	" " Ovary
Alfreton	Female	76 "	" " Intestines
Birchwood	Male	70 "	" " the Jaw.
Alfreton	Female	23 "	" " Uterus
Ironville	Female	50 "	" " Uterus
Swanwick	Male	63 "	" " Bowel
Leabrooks	Male	49 "	" " the Jaw

## Uncertified Deaths.

The following deaths were not certified by a medical attendant, and the causes of death are presumed, after enquiry by the Registrar.

Riddings	Male	17 months	Convulsions
Riddings	Male	67 years	Heart Failure
Swanwick	Male	8 hours	Prematurity
Ironville	Female	3 „	Convulsions
Pye Bridge	Male	34 years	Heart Failure
Alfreton	Female	4 months	Heart Failure
Riddings	Female	11 years	Convulsions

### ALFRETON URBAN DISTRICT COUNCIL.—1904. BIRTHS.

PARISHES.	BOYS.	GIRLS.	TOTAL.
Alfreton ... ..	96	85	181
Birchwood ... ..	20	13	33
Greenhill Lane ... ..	36	38	74
Ironville ... ..	25	30	55
Leabrooks ... ..	15	18	33
Pye Bridge... ..	11	4	15
Riddings ... ..	25	30	55
Somercotes and Sleetmoor	57	52	109
Swanwick ... ..	32	24	56
Totals ...	317	294	611

The total Birth Rate for Alfreton for the year 1904, is 33·57 per 1,000.

The Birth Rate for England and Wales for 1904, is 27·9 per 1,000.

### ALFRETON URBAN DISTRICT COUNCIL.—1904. DEATHS.

PARISHES.	MALES.	FEMALES.	TOTAL.
Alfreton ... ..	37	40	77
Birchwood ... ..	7	6	13
Greenhill Lane ... ..	10	9	19
Ironville ... ..	10	15	25
Leabrooks ... ..	6	7	13
Pye Bridge ... ..	6	1	7
Riddings ... ..	11	12	23
Somercotes and Sleetmoor...	31	18	49
Swanwick ... ..	10	7	17
Totals ...	128	115	243

The total Death Rate for Alfreton in 1904 is 13·35 per 1000.

The Death Rate for England and Wales for 1904 is 16·2 per 1000.



## DEATHS

FROM NOTIFIABLE AND ZYMOTIC DISEASES.  
1904.

LOCALITIES.	SEX.	AGE.	DISEASE.
Alfreton	Female	4 months	Diarrhœa
"	"	78 years	Typhoid Fever
"	Male	10 weeks	Diarrhœa
"	"	2½ years	Measles
"	Female	3 "	"
"	"	2½ "	"
"	"	22 months	"
"	"	18 "	"
"	Male	21 "	Diarrhœa
Birchwood	Female	21 years	Erysipelas
"	Male	9 weeks	Whooping Cough
Ironville	Female	4 months	Diarrhœa
Leabrooks	"	14 years	Scarlet Fever
"	Male	2 "	Measles
Somercotes	"	7 months	Whooping Cough
"	Female	5 years	" "
"	Male	9 months	" "
"	Female	8 "	" "
"	Male	20 "	Measles
"	Female	10 "	"
Swanwick	Male	4 years	Diphtheria
Alfreton	"	68 "	Diarrhœa

The Death Rate from the class of Notifiable Diseases is '21 per 1,000. From Zymotic Diseases '76 per 1,000. From Diarrhœa '32 per 1,000.

EDWARD GAYLOR, Medical Officer of Health.

## DEATHS.—TUBERCULAR DISEASES.

LOCALITIES.	SEX.	AGE.	DISEASE.
Alfreton	Male	35 years	Tuberculous disease of Knee Joint
"	Female	31 "	Phthisis
"	"	47 "	Pulmonary Tuberculosis
Birchwood	Male	16 months	Tubercular Peritonitis
"	"	61 years	" "
Greenhill Lane	"	15 months	" "
"	Female	5 "	Tuberculosis
Ironville	Male	4 years	Tubercular Meningitis
"	Female	34 "	Phthisis
Leabrooks	"	16 "	Pulmonary Tuberculosis
Pye Bridge	Male	5 months	Tabes Mesenterica
"	Female	11 years	Pulmonary Tuberculosis
Sleetmoor	Male	25 "	" "
Riddings	Female	11 "	Tubercular Peritonitis
Somercotes	Male	27 "	Pulmonary Tuberculosis
Swanwick	Female	19 "	Acute Tuberculosis

## ACCIDENTS AND INQUESTS.

LOCALITIES.	SEX.	AGE.	
Alfreton	Male	45 years	Killed in Colliery
"	"	48 "	" "
"	"	36 "	" "
"	"	14 "	Fracture of Skull, from a fall
Ironville	"	48 "	Blood Poison, fall from a dray
Somercotes	"	11 "	Blood Poison, injuries from a dog
Alfreton	"	24 "	Injuries from Fall of Roof
Birchwood	"	64 "	Crushed by a Waggon
Somercotes	"	19 "	Crushed by Railway Waggon
Riddings	"	6 "	Shock, from Accidental Burns

## Infant Mortality.

This means the number of deaths of children under one year of age each year, to every thousand children born in the same year.

Although sanitation has very materially reduced the general death rate, yet this question of Infantile Mortality seems to have remained stationary, if not increased.

This mortality is highest where the large proportion of women go from home to work, but in Alfreton district that can hardly be a cause.

Early marriages often produce unhealthy infants, who die soon after birth.

Another cause is unsuitable food. The proper food is that of nature's own production, the milk of its mother.

Breast-fed children are healthier and live longer than hand-fed children, who are given all sorts of indigestible foods, in bottles with the long tube, which is often used without proper cleansing.

There can be no doubt this kind of feeding causes a great sacrifice of infant life.

There are many mothers who are unwilling to perform their proper maternal function. They dislike the trouble and restrictions which suckling children imposes upon them.

Mal-nutrition is one of the principal causes of infant mortality, and it is due very much to the want of the mother's milk.

It is singular, but it has been remarked that maternal suckling has very much decreased, and Cancer we know has increased.

Alfreton district has always had a very high rate of Infant Mortality.

In 1900 it was 135.41 per 1,000.

" 1901 " 153.23 "

" 1902 " 147.20 "

" 1903 " 133.85 "

" 1904 " 133.84 "

The average for the past five years is 140.62 per 1,000.

In 1904, 83 children died in the Alfreton district at an average age at death of about four months.

## Scavenging.

This very necessary work is still carried out in the old-fashioned way, by several Contractors in the various Districts.

The very many quite deep and large ash-pits in the District makes the work long on hand, and very expensive. Most of these ash-pits are situate at the top end of some-

times large gardens, which are approached in the first instance by means of dark narrow passages from the main street.

The contents are wheeled out to the cart in the street, and the way from the ash-pit to the cart is strewn with ashes and other refuse which can't be avoided.

I see many of these pits quite unfit for the man to get in to do his work at all comfortably. Some are so narrow as to prevent the man turning round at his work, and others are so wide and deep enough to make it hard work to throw out the contents.

It would be very much easier, better, and less costly in the end to have portable receptacles brought with the ashes to the boundary of the premises on stated days of the week.

If the galvanized ash tins are too expensive, do as the Belper Urban Council do:—The householders are asked to provide their own ash boxes, and put a couple of suitable handles on these boxes so as to make it easy for the man to lift it in the cart for emptying. Some of the poor people content themselves with one or more zinc buckets.

The day is fixed for each district, and tenants soon get to know the very hour the Scavengers will come, and they place the ash boxes on the edge of the footpath, or just inside the passage leading to the back way.

At first certain people thought those things an eyesore, but it only comes once a week, and there is little or no grumbling now, and there are no accumulations of ashes or house refuse, the backyards are more cleanly, and all dirt is removed from the dwellings.

## Public Sewers.

The locality known as Newlands Lane, or Golden Valley, requires a sewer. At present cesspools (not made properly in some cases) receive the house drainage, and when convenient get emptied on the gardens.

Several houses have been erected here of late, and it looks as though it will become a populous locality. I reported one case of Typhoid Fever here, in quite a newly-erected house.

In the old system of dealing with the sewage there are five separate outfalls. The sewage is dealt with by chemical precipitation and land irrigation, and this particular system nine or ten years ago was mostly the system in the Midlands, and known as the "Ives" system.

I am aware the Council are double-digging the land at the outfalls, and trying to make it more suitable for irrigation purposes, in consequence of the Authorities requiring the sewage to be dealt with on filtration or septic tank system.

The change of system will be most costly, and just now with a large expenditure looming in the very near future, I can quite understand the Council trying to make the present system last a little longer.

## Water Supply.

This has been a very serious and troublesome question during the year 1904. The drought of 1904 and the defects in one of the Reservoirs, has put all consumers on limited supply, and the water distributed at certain hours.

The Carolina Water Scheme, on which a good deal of money was spent, is in abeyance on account of engineering difficulties, and the very great cost.

I think this water supply should take precedence of everything else, and I hope the Authorities will also see the question in the same light.

I am aware that everything has been done that could suggest itself for increased supply.

The Midland Railway who used a large quantity of water at Westhouses, have had to manage without.

Water from a disused coal shaft has also been tried, but had to be given up on account of its quality not being satisfactory.

The district is in a very serious predicament over this water question, and I think the Council have no alternative but to give their very first attention to the public water supply.

I have been a long time advocating the conversion of the common privies into water closets, and I hope even now the Council will pass no Plans for house erection which doesn't provide for water closet.

The pan closet system is only the next best improvement on the old midden arrangement, and by no means to be compared to a water closet.

### General Inspection.

This is carried out regularly and systematically. Inspector Spencer in his Report gives very many details of the work.

As a rule I visit the notified cases of disease personally. Sometimes it so happens that your Inspector has got to know, or sees the Ambulance in the district before I've received the notification myself, or at all events I've only got it by the same post. He then naturally follows the case up, and immediately the patient has gone to Hospital he disinfects the room, and by the evening post sends me word about the premises, and there is often no reason for me making a special journey, even when I've made preparations to start.

The Council may rest assured that nothing is neglected or passed over where sanitary inspection comes in.

At the risk of being charged with reiteration with reference to Inspector Spencer, I feel compelled (though I do so with pleasure) to bear my testimony to his abilities and his worth in the exercise of his duties.

I have elsewhere referred to cases where mild, or unrecognised Scarlet Fever has gone on till a second case in the same house has induced the parents to call in medical assistance, and these cases have been mixed up with the rest of the family, and where they have been in every room in the house, making it quite impossible to disinfect in the ordinary way, because it couldn't be done with the family remaining in the house, and thorough cleansing and the free use of disinfectants about the house, drains, and premises generally, is all that could be done.

The Inspector always calls my attention to places which are in a very bad sanitary condition, and especially where structural alterations may be required, so that we may inspect the premises together.

### GENERAL SUMMARY FOR 1904.

Estimated population, 18,200. Number of Deaths from all causes, 243.

Total Death Rate for 1904, 13·35 per 1,000.

Children under 1 year of age	...	...	4 56	per 1,000
1 year and under 5 years	..	...	1·86	"
15 years	"	65	3·40	"
65 years and upwards	...	...	3·13	"

The deaths under five years of age were 48 per cent. of the whole number.

23½ Per cent. died at the age of 65 years and upwards.

The 117 deaths under five years died at a mean age of eight months.

The 57 persons who died at the age of 65 years and upwards had an average age of 79 years.



Male Deaths	...	128	...	7.03	per 1,000
Female "	...	115	...	6.31	"
Notifiable Diseases	}	24	...	1.29	"
Zymotic "					
Diarrhoea "					
Tubercular Diseases	...	16	...	.87	"
Cancer	...	10	...	.54	"
Bronchitis	...	15	...	.82	"
Pneumonia	...	13	...	.71	"
Heart Disease	...	17	...	.93	"
Premature Birth	...	12	...	.65	"

Alfreton Death Rate for 1904 is 13.35 per 1000.

The Death Rate for England and Wales for 1904 is 16.2 per 1000.

## BIRTHS.

317 Boys and 294 Girls were born during the year 1904, making a total of 611.

This gives a Birth Rate of 33.57 per 1000.

This is a very high and satisfactory Birth Rate.

I have calculated the Birth Rate for the last eleven years, and I find it averages 34.82 per 1000.

The Birth Rate for England and Wales for 1904, is 27.9 per 1,000.

## Dairies, Cow-houses and Slaughter-houses.

These have all been visited during the year, and alterations effected.

They are in a much better condition than they were, and every year they become more in accordance with the regulations. Inspector Spencer pays particular attention to these establishments.

## Factory and Workshops Act, 1901.

The Report for the year 1904 has been forwarded to the Secretary of State for the Home Department, to the Local Government Board, and to the County Council.

174 Visits of Inspection were made, and four Notices served under the Act.

58 Workshops, &c., were visited during the year.

36 Defects were found, and 36 were remedied.

## Isolation Hospitals.

I can't conclude this Annual Report without again referring to this subject.

These Hospitals were built with the idea of eradicating Scarlet Fever altogether.

It is quite evident they have failed in that respect thoroughly. I believe at present that they spread Scarlet Fever, solely because they require a sort of Sanatorium or Convalescent Home, where the Scarlet Fever patients can be sent after they leave the Hospital, and presumed to be cured.

This Convalescent Home should not be near the Hospital, or have any communication with it, and the patients should be there at the least two weeks before being sent to their homes.

This Sanatorium could be kept up by several hospital authorities, say one for Mid-Derbyshire, or any other parts of the County.

I am quite aware of some of the advantages of the Infectious Diseases Hospital, and should advocate their continuance for the treatment of Typhoid Fever, Diphtheria, &c., but I think, as at present constituted, it is a very expensive way of treating Scarlet Fever.

I should quite expect that my proposed Sanatorium wouldn't add much to the expenses, because of its utility in checking the spread of the disease when patients returned home.

I should think that what are known as "return cases" would be very much lessened in number, and perhaps be unknown.

This, Gentlemen, concludes my Annual Report for the year 1904.

I hope I have made most matters sufficiently plain, and though it has been a very busy year of Zymotic Disease, and Hospital expense, yet we may look upon it as a favourable year so far as mortality statistics are concerned.

As before mentioned, your Officers have been fully employed carrying out preventive measures, and improving the general condition of the district.

We have received assistance and encouragement from the Council, the Chairman, and your Clerk, to all of whom I beg to return my sincere thanks.

I hope the confidence you have shown to me for the last 32 years, as your Health Officer, may continue.

I beg to remain, Mr. Chairman and Gentlemen,

Yours faithfully,

EDWARD GAYLOR,

Medical Officer of Health.

Alfreton Urban, Ripley Urban,

and Belper Rural Districts.

Belper, February 21st, 1905.

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1904 AND  
PREVIOUS YEARS.

Name of District—ALFRETON URBAN.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.			
		Number.	Rate *	Under 1 Year of age		At all Ages.	
				Number.	Rate per 1000 Births registered	Number.	Rate *
1	2	3	4	5	6	7	8
1894	15880	583	36·71	72	123·49	277	17·24
1895	16178	581	35·91	99	170·49	216	13·24
1896	16385	593	36·19	91	153·45	286	17·05
1897	16703	594	35·56	103	173·40	286	16·87
1898	16911	594	35·13	110	185·18	276	16·61
1899	17181	558	32·48	98	175·62	286	16·22
1900	17418	576	33·06	78	135·42	288	16·03
1901	17560	633	36·04	97	153·23	241	13·72
1902	17650	591	33·48	87	147·20	233	13·20
1903	17840	635	35·59	85	133·85	254	14·23
Averages for years 1894-1903 }	16970	593	35·01	92	155·13	264	15·44
1904	18200	611	33·57	83	135·84	243	13·35

\* Rates in Columns 4 and 8 calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water)—4625 acres.

Total population at all ages ... 17,560 (At Census of 1901.)

Number of inhabited houses ... 3,515      „      „

Average number of persons per house 4·71      „      „

TABLE III.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING  
THE YEAR 1904.

Name of District—ALFRETON URBAN.

Notifiable Disease.	Cases Notified in whole district.							Total Cases Notified in each Locality.								
	At all Ages.	At Ages—Years.						Alfreton.	Birchwood.	Greenhill Lane	Ironville.	Leabrooks.	Pye Bridge.	Riddings.	Somercotes & Sleetmoor	Swanwick.
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards									
Small-pox .. ..	8		1	2		5		8								
Cholera .. ..																
Diphtheria.. ..	6	1	2	2		1		1	1						2	2
Membranous Croup																
Erysipelas .. ..	25		2	2	3	17	1	10	2	2	4	1		3	3	
Scarlet Fever ..	126		40	68	14	4		44	2	8	9	10	1	19	32	1
Typhus Fever ..																
Enteric Fever ..	13		3	1	5	4		3	1		1	2		1	2	3
Relapsing Fever ..																
Continued Fever ..																
Puerperal Fever ..	3				3			1						1	1	
Plague .. ..																
Totals .. ..	181	1	48	75	25	31	1	67	6	10	14	13	1	24	40	6

EDWARD GAYLOR, Medical Officer of Health.



TABLE III.

CASES OF INFECTIOUS DISEASE ADMITTED TO ISOLATION  
HOSPITAL DURING YEAR.

Name of District—ALFRETON URBAN.

Notifiable Disease.	Cases Notified in whole district.							Total Cases Notified in each Locality.						
	At all Ages.	At Ages— Years.						Alfreton.	Birchwood.	Greenhill Lane	Leabrooks.	Ironville.	Riddings.	Somercotes & Sleetmoor
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards							
Small-pox .. ..	8		1	2		5		8						
Cholera .. ..														
Diphtheria.. ..														
Membranous Croup														
Erysipelas .. ..														
Scarlet Fever ..	81	1	23	47	8	2		34	1	8	5	4	14	15
Typhus Fever ..														
Enteric Fever ..	1				1							1		
Relapsing Fever ..														
Continued Fever ..														
Puerperal Fever ..														
Plague .. ..														
Totals .. ..	90	1	24	49	9	7		42	1	8	5	5	14	15

Male, 19 years, died in Hospital of Typhoid Fever.

Female, 2½ years, „ „ Pneumonia, after Scarlet Fever.

Isolation Hospital—Heage Firs, near to the Belper Boundary.

TABLE IV.

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1904.

Name of District—ALFRETON URBAN.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
1	2	3	4	5	6	7	8
Small-pox .. ..							
Measles .. ..	8	1	7				
Scarlet Fever .. ..	1			1			
Whooping Cough .. ..	5	4		1			
Diphtheria & Membranous Croup	1		1				
Fever { Typhus .. ..							
Enteric .. ..	1						1
Other continued							
Epidemic Influenza .. ..	1						1
Cholera .. ..							
Plague .. ..							
Diarrhœa .. ..	6	3	1		1		1
Enteritis .. ..	6	3	1			2	
Puerperal Fever .. ..							
Erysipelas .. ..	1				1		
Other Septic Diseases .. ..							
Phthisis .. ..	5				1	4	
Other Tubercular Diseases .. ..	11	2	4	1	2	2	
Cancer, Malignant Disease .. ..	10				1	7	2
Bronchitis .. ..	15	7	1				7
Pneumonia .. ..	13	4	4			3	2
Pleurisy .. ..	2					2	
Other Diseases of Respiratory Organs .. ..							
Alcoholism .. ..							
Cirrhosis of Liver } .. ..	2					2	
Venereal Diseases .. ..							
Premature Birth .. ..	12	12					
Diseases and Accidents of Parturition .. ..	2				1	1	
Heart Diseases .. ..	17					10	7
Accidents .. ..	10			3	1	6	
Suicides .. ..							
All other causes .. ..	114	47	15	1	1	14	35
All causes .. ..	243	83	34	7	9	53	57

EDWARD GAYLOR, Medical Officer of Health.

To the Chairman and Members of the Alfreton  
Urban District Council.

GENTLEMEN,

In presenting my Ninth Annual Report, I beg to submit the following summary of work carried out during the year 1904.

**House Inspections.**—I have made 160 inspections of houses, and have given 22 notices for the repairs of same.

**Drainage.**—I have made 402 inspections of drains, and have given 19 notices for the repairs of same. I have given 22 notices for the cleaning out of choked drains. I have tested six drains, and found them defective. These were re-laid, and made watertight. I have given 10 notices for defective stench traps, with the result that 20 gully traps have been connected to the drains in lieu of the old Lip, D, and Bell traps.

**New Yards.**—I have made 64 inspections to defective back yards, and have given 55 notices for the paving and repairing of same. The outcome of the notices is that 45 new impervious yards have been laid, and five yards have been repaired. I have given 13 notices for the repairs to eave and down spouts.

**Closets.**—I have made 200 inspections of insanitary privies and ashpits, and have given 109 notices for the repairs of same. As the result of these notices 46 old privies have been converted into pail closets, 49 have been repaired, and 15 ashpits repaired.

**Insufficient Closet Accommodation.**—46 Notices for additional closet accommodation have been given, with a result that 41 new pail closets have been constructed. The above work has not only abated nuisances, but has greatly improved the premises, and the occupiers of the premises appreciate the improvements.

Gentlemen, I think the time is gone by, in a district like this, when two families should be compelled to use one closet. I have received bitter complaints from some of the occupiers in this respect. In my opinion it is not conducive either to the health or morals of the children. I feel sure if some of the owners of the property would only think for a moment of the inconvenience and the risk some members of the families run, they would not take it as a personal matter, or as a hardship, when they are required to construct additional sanitary conveniences. I am very pleased to be able to state that we have a few owners of property in the district who attend to this kind of work without notices being served upon them. Just a note drawing their attention to certain premises is quite sufficient, and they seem to take a delight in providing good sanitary conveniences. This is much more pleasant for me, and the work is done without the necessity of my having to report to you upon the matter.

**Ashpits.**—During the year I have given 26 notices for additional ashpits, and as the result of these notices 70 new ashpits have been provided. They will serve over 100 houses which, prior to the notices, had to throw their ashes, &c., in heaps near the back premises. There are still some houses in the district without ashpits, but I hope in the near future every house in our district will be provided with either an ashpit or an ashbin.

**Water Closets.**—I have made 30 inspections of water closets, and have sent two notices for the repairs of same. One pail closet has been converted into a water closet.

**Urinals.**—26 Inspections of urinals have been made, and I have given three notices for the repairs of same.

**Slop-stone Waste Pipes.**—Three notices have been given for new waste pipes, and disconnecting of same.

I have made 397 inspections of works in progress.

**Common Lodging Houses.**—I have made 59 inspections of common lodging

houses. These inspections have been made at all times of the day, from early morning to midnight. Each of the lodging houses have been well cleaned, and the regulations have been carried out.

**Slaughter-houses.**—I have made 115 inspections of slaughter-houses, and served four notices for infringement of Bye-laws. The slaughter-houses have been well cleaned and limewashed during the year. I have condemned and destroyed 59lbs. of Beef, four stone of fish, three pigs' livers, and a quantity of pigs' lungs.

**Water.**—I have collected nine samples of water for analysis.

**Pig-styes**—I have made 172 inspections of pig-styes, and have given one notice for the drainage of same.

**Bakehouses.**—During the year I have made 53 inspections of bakehouses, and have given six notices for the cleaning of same.

**Cow-sheds.**—I have made 75 inspections of cow-sheds, and have given four notices for alterations to same, with the result that six cow-sheds have been altered and improved. Some of the cow keepers cannot understand why we are so particular about the limewashing and cleaning of the sheds. I tell them it is for the health of the cattle, and the cattle will repay them for the extra cost and trouble. There are still a few sheds which require altering to make them into good cow-sheds.

**Infectious Cases and Disinfecting.**—During the year I have made 231 inspections to infectious houses, and have given instructions as to disinfection. I have disinfected 82 houses, and sent 237 articles of bedding and clothing to the Joint Hospital to be disinfected by steam after infectious cases.

We have had eight cases of Small Pox removed to the Hospital. After each case has been removed the rooms have been disinfected. Six beds and 70 other articles of bedding and clothing were destroyed.

**Scavenging.**—This work has been done as in previous years, viz : by seven contractors, each having one district. During the year these contractors have removed 11,167 loads of refuse, this being 891 loads more than last year. After adding the new houses built during the year, the average number of loads of refuse per house is a little over three loads, at a cost of two shillings per load. I am pleased to say that an improvement has taken place in this work. To get this improvement I have been obliged to make 1,952 inspections of closets and ashpits, and send 312 notices and 13 letters, and in one case I have employed men to do certain work neglected, and charged the Contractor with the cost of same. I am hoping to get still greater improvements in the scavenging of the district. I trust the time is not far distant when orders will be given that no house refuse shall be wheeled out and emptied upon any street during the day time, and that all refuse removed during the day time shall be carried from the receptacle right into the carts.

I am, Gentlemen,

Your obedient Servant,

**JOB SPENCER,**

Sanitary Inspector.





